Name (Print/Type)

Goseph J. Kochman

PTO/SB/17 (12-04)

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Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/614,729 Filing Date July 7, 2003 For FY 2005 JONATHAN A. DARBY et al First Named Inventor **Examiner Name** Saul Rodriguez Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3681 TOTAL AMOUNT OF PAYMENT (\$) \$1,240.00 248-00283 Attorney Docket No. METHOD OF PAYMENT (check all that apply) ✓ Check Credit Card Money Order None Other (please identify): Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP Deposit Account Deposit Account Number: 01.2000 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 500 200 150 250 100 Design 200 130 100 50 65 Plant 200 100 300 150 160 80 Reissue 300 600 150 500 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** 21 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee Paid (\$) / 50 = ____ (round up to a whole number) x \$0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Request for Continued Examination; Petition for Extension of Time (two months) \$1,240.00 SUBMITTED BY Registration No. Telephone 414-271-7590 Signature 25,058

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.